

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

**RECEIVED**  
 Date Received: FEB 9 1995  
 (For Official Use Only)  
**OFFICE OF RCRA**

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**

☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number: ILD026330969

**II. Name of Installation (Include company and specific site name)** 0316006089  
 AMERICAN MAIL-WELL ENVELOPE

**III. Location of Installation (Physical address not P.O. Box or Route Number)**

Street: 4400 W OHIO STREET  
 Street (continued):  
 City or Town: CHICAGO State: IL ZIP Code: 60624  
 County Code: COOK County Name:

**IV. Installation Mailing Address (See Instructions)**

Street or P.O. Box: 2001 N ROCWELL STREET  
 City or Town: CHICAGO State: IL ZIP Code: 60618

**V. Installation Contact (Person to be contacted regarding waste activities at site)**

Name (last): ARCISZEWSKI (first): JOHN  
 Job Title: HUMAN RESOURCES MGR. Phone Number (area code and number): 312-267-3600

**VI. Installation Contact Address (See Instructions)**

A. Contact Address Location: ☐ Mailing: ☒ B. Street or P.O. Box:  
 City or Town: State: ZIP Code:

**VII. Ownership (See Instructions)**

A. Name of Installation's Legal Owner: MAIL-WELL CORPORATION  
 Street, P.O. Box, or Route Number: 23 INVERNESS WAY EAST  
 City or Town: ENGLEWOOD State: CO ZIP Code: 80112

B. Land Type: P C. Owner Type: P D. Change of Owner Indicator: Yes ☒ No ☐ (Date Changed) Month Day Year: 12/19/94

Phone Number (area code and number): 303-790-8023

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FEB 22 1995

IEPA/DLPC

MAR 14 1995

Ownership Change

ID - For Official Use Only

AMERICAN MAIL-WELL

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

## A. Hazardous Waste Activity

## 1. Generator (See Instructions)

☐ a. Greater than 1000kg/mo (2200 lbs.)☒ b. 100 to 1000 kg/mo (220-2200 lbs.)☐ c. Less than 100 kg/mo (220 lbs.)

## 2. Transporter (Indicate Mode in boxes 1-5 below)

☐ a. For own waste only☐ b. For commercial purposes

## Mode of Transportation

☐ 1. Air☐ 2. Rail☐ 3. Highway☐ 4. Water☐ 5. Other - specify☐ 3. Treater, Storer, Disposer (at installation)

Note: A permit is required for this activity; see instructions.

## 4. Hazardous Waste Fuel

☐ a. Generator Marketing to Burner☐ b. Other Marketers☐ c. Burner - indicate device(s) - Type of Combustion Device☐ 1. Utility Boiler☐ 2. Industrial Boiler☐ 3. Industrial Furnace☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

## 1. Off-Specification Used Oil Fuel

☐ a. Generator Marketing to Burner☐ b. Other Marketer☐ c. Burner - indicate device(s) - Type of Combustion Device☐ 1. Utility Boiler☐ 2. Industrial Boiler☐ 3. Industrial Furnace☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

## 1. Ignitable 2. Corrosive 3. Reactive 4. EP Toxic

(D001)

(D002)

(D003)

(D000)

(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))



## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1
F 0 0 2
7

2
F 0 0 3
8

3
F 0 0 5
9

4
D 0 4 0
10

5
D 0 1 8
11

6
D 0 3 5
12

## C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature



Name and Official Title (type or print)

MICHAEL DELSIGNORE DIR. OF REG.

Date Signed

1-19-95

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

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FEB 22 1995

IEPA/DLPC



00 600 6089

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 9-30-96  
GSA No. 0246-EPA-OT

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED  
Date Received  
(For Official Use Only)  
MAR 19 1997  
U.S. EPA REGION 5

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification (Complete item C)

C. Installation's EPA ID Number

IL D 02 4930968

## II. Name of Installation (Include company and specific site name)

AMERICAN MAIL-WELL ENVELOPE CO.

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

4400 W. OHIO STREET

Street (Continued)

RECEIVED

City or Town

CHICAGO

State

Zip Code

IL 60624-

County Code

County Name

013 COOK

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

BILLY

MICHAEL

Job Title

Phone Number (Area Code and Number)

SUPERVISOR

773-286-6400

## VI. Installation Contact Address (See Instructions)

A. Contract Address Location Mailing Other

B. Street or P.O. Box

5445 N ELSTON AVENUE

City or Town

State

Zip Code

CHICAGO

IL 60630-

## VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

Street, P.O. Box, of Route Number

MAIL-WELL CORPORATION

City or Town

State

Zip Code

ENGLEWOOD

IL 60801

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

303-790-8023

Yes No

Month Day Year

RCRIS ENTRY APR 21 1997

RECEIVED

JUN 04 1997

RCRA RECORDS ROOM

Waste, Pesticides & Toxics Division

U.S. EPA - REGION 5



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)

## 2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions.

## 4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace

## 1. Smelter Deferral

## 2. Small Quantity Exemption

## Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

## 1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace

## 3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
- ☐ b. Transfer Facility

## 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

## 1. Ignitable (D001)



## 2. Corrosive (D002)



## 3. Reactive (D003)



## 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))



## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Michael Bily

Name and Official Title (Type or print)

MICHAEL BILY

Date Signed

3-7-97

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
77 WEST JACKSON BOULEVARD  
CHICAGO, IL 60604-3590

RECEIVED

JUN 04 1997

RCRA RECORDS ROOM  
Waste, Pesticides & Toxics Division  
U. S. EPA—REGION 5

REPLY TO THE ATTENTION OF:

May 29, 1997

AMERICAN MAIL-WEIL ENVELOPE CO  
ATTN: MICHEAL BILY  
5445 N ELSTON AVENUE  
CHICAGO, IL 60630

RE: US EPA ID Number ILD 026 330 969  
Location: 4400 W OHIO STREET  
CHICAGO, IL 60624

In response to your correspondence of 03/07/97, the following  
information has been updated:

CONTACT PERSON CHANGED TO:	MICHAEL BILY
CONTACT PERSON'S PHONE NUMBER:	(773) 286-6400
CONTACT PERSON'S MAILING ADDRESS:	5445 N ELSTON AVENUE

If you have any questions, please call me at (312) 886-6173.

Sincerely,

Sharon Kiddon  
RCRA Notifications Coordinator  
Waste Management Division

cc: State Agency  
File





PLEASE PLACE LABEL IN THIS SPACE

### III LOCATION OF INSTALLATION

**CONTINUE ON REVERSE**



I.D. -- FOR OFFICIAL USE ONLY																
S															T/A	C
W															1	
1	2											13	14	15		

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
F002	F003	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE William R. Light	NAME & OFFICIAL TITLE (type or print) VICE PRESIDENT MFG	DATE SIGNED 10/25/83
-------------------------------	---	-------------------------





ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

° ILD026330969

INSTALLATION ADDRESS

MILLS AMERICAN ENVELOPE CO  
4400 W OHIO ST  
CHICAGO IL 60624

4400 W OHIO ST  
CHICAGO IL 60624

EPA Form 8700-12B (4-80)

11/30/83

M 12-1-83



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

° ILD026330969

INSTALLATION ADDRESS

MILLS AMERICAN ENVELOPE CO  
4400 W OHIO ST  
CHICAGO IL 60624

4400 W OHIO St  
CHICAGO IL 60624

EPA Form 8700-12B (4-80)

12/29/83





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
77 WEST JACKSON BOULEVARD  
CHICAGO, IL 60604-3590

MAR 23 1995

Dear Notifier:

REPLY TO THE ATTENTION OF:

Enclosed you will find the United States Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. You will find your twelve character ID number on the top portion of the enclosed notification form. This ID number acknowledges that you have filed a Notification of Regulated Waste Activity for the installation referenced on the notification form to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This ID number must be included on all shipping manifest(s) for transporting hazardous wastes; on all correspondence; and on all reports required under Subtitle C of RCRA by the U.S. EPA and State agencies.

Please carefully review your status to determine whether the box you have checked is correct for your installation. If you checked Box 1A "Generator" you are a large generator producing over 1000 kg/mo (2200 lbs). Large generators are subject to all applicable regulations under Subtitle C of RCRA including the Annual/Biennial Report. If you determine Box 1A was checked in error, you can change your status to either a Small Quantity Generator (100-1000 kg/mo) or a Conditionally Exempt Generator (less than 100 kg/mo) by notifying the U.S. EPA in writing at the address at the top of this letter. Please indicate which generator category is correct for your installation.

Please note the U.S. EPA number is site-specific. If your installation changes locations, a new notification is required for a new ID number. If your installation has changed ownership, a subsequent notification must be filed to allow the new owner to use the ID number.

If the purpose of your notification is a one-time disposal for a clean-up, PCB removal, underground storage tank removal, etc., please notify U.S. EPA in writing upon completion of the project. U.S. EPA will deactivate the ID number at that time. Any other notification changes not mentioned can be sent to U.S. EPA by letter.

If you have any further questions regarding hazardous waste activity, please contact the Region V Notification Hotline at (312) 886-4001.

Sincerely,

A handwritten signature in cursive script that reads "Sharon J. Kiddon".

Sharon J. Kiddon  
Environmental Protection Specialist

U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the **INSTRUCTIONS FOR FILING NOTIFICATION** before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

Not on P9

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

COPY

30 NOV 1983

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., &amp; day)

F 1 L D 0 2 6 3 3 0 9 6 9

I/A C

A

8 3 1 1 0 9

## I. NAME OF INSTALLATION

M I L L S A M E R I C A N E N V E L O P E C O M P A N Y

## II. INSTALLATION MAILING ADDRESS

## STREET OR P.O. BOX

3 4 4 0 0 W E S T O H I O S T R E E T

## CITY OR TOWN

4 C H I C A G O

## ST.

## ZIP CODE

I L 6 0 6 2 4

## III. LOCATION OF INSTALLATION

## STREET OR ROUTE NUMBER

5 4 4 0 0 W E S T O H I O S T R E E T

## CITY OR TOWN

6 C H I C A G O

## ST.

## ZIP CODE

I L 6 0 6 2 4

Cook  
031

## IV. INSTALLATION CONTACT

## NAME AND TITLE (last, first, &amp; job title)

## PHONE NO. (area code &amp; no.)

2 L I G H T W I L L I A M V P M F G .

3 1 2 - 5 3 3 - 6 7 0 0

## V. OWNERSHIP

## A. NAME OF INSTALLATION'S LEGAL OWNER

8 H E N R Y C R O W N C O M P A N Y

## B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

M

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
F 0 0 2	F 0 0 3	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
William R. Light	VICE PRESIDENT MFG	10/25/83

## RESPONDENT CONTACT RECORD (RCR)

Facility ID Number

I	L	D	0	2	6	3	3	0	9	6	9
---	---	---	---	---	---	---	---	---	---	---	---

Company Name

Company Name Mills-American Envelope Co

Company Address

Company Address  
4400 W. Ohio St

City

Chicago

State

工	人
---	---

Zip Code

60	6	2	4
----	---	---	---

Contact Person's Name/Title

William Light

Telephone Number (including area code)

312 - 533 - 6700

## CONTACT RECORD

[illegible]



# Mills-American Envelope Company



4400 West Ohio Street  
Chicago, Illinois 60624  
Phone (312) 533-6700

IL0026330969 G

December 14, 1983

U.S. Environmental Protection Agency  
Office of Solid Waste  
401 M Street SW  
Washington, D.C. 20460

Dear Sirs:

We have received no response in answer to our letter for Notification of Hazardous Waste Activity dated October 26, 1983. Please supply us with any information you have.

Sincerely,

*William R. Light*

William R. Light  
Vice President of Manufacturing

RECEIVED  
DEC 27 1983

WASTE MANAGEMENT  
BRANCH

U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the **INSTRUCTIONS FOR FILING NOTIFICATION** before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

I. NAME OF INSTALLATION

MILLS - AMERICAN ENVELOPE COMPANY

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

34400 WEST OHIO STREET

CITY OR TOWN

4 CHICAGO

ST.

ZIP CODE

IL 60624

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

54400 WEST OHIO STREET

CITY OR TOWN

6 CHICAGO

ST.

ZIP CODE

IL 60624

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

2 LIGHT WILLIAM V. P. - MFG.

312-533-6700

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 HENRY CROWN COMPANY

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)F = FEDERAL  
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



I.D. - FOR OFFICIAL USE ONLY									
5									
W									
1	2							13	14

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
F 0 0 2	F 0 0 3				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

William R. Light

VICE PRESIDENT MFG

10/25/83